

SOUTH CAROLINA PRINCIPAL PROFESSIONAL DEVELOPMENT PLAN

Academic School Year: _____

District: _____

Name of School: _____

Name of Principal _____

Name of Evaluator _____ Position _____

PRINCIPAL PROFESSIONAL DEVELOPMENT PLAN

GOAL #1:

*NOTE: GOALS are not achieved without carefully **detailed** planning. Be specific and clear.*

1. STRATEGIES/ACTIVITIES-WHAT SHOULD I <u>DO</u> TO ACCOMPLISH MY GOAL?	<ul style="list-style-type: none"> - - - - -
2. PROGRESS- HOW WILL I <u>MEASURE</u> PROGRESS (FOR <u>EACH</u> STRATEGY)? INDICATE BY WHAT <u>DATE</u> EACH STRATEGY BE COMPLETED.	<ul style="list-style-type: none"> - - - - -
3. OBSTACLES-WHAT OBSTACLES WILL I OVERCOME TO ACCOMPLISH MY GOAL?	<ul style="list-style-type: none"> - - - -
4. SUPPORTERS-<u>WHO</u> CAN HELP ME TO ACHIEVE MY GOAL? WHOM DO I NEED TO INVOLVE TO ACHIEVE “BUY-IN”? NOTE: THESE ARE OFTEN YOUR “<i>CHEERLEADERS</i>”.	<ul style="list-style-type: none"> - - - -
5. REWARDS-WHAT WILL I SAY OR DO WHEN I EXPERIENCE SUCCESS?	<ul style="list-style-type: none"> - - -
6. RESOURCES-WHAT INTERNAL/EXTERNAL <u>RESOURCES</u> WILL I USE? NOTE: THESE ARE THE <i>SOURCES OF KNOWLEDGE</i> TO ACCOMPLISH YOUR GOAL.	<ul style="list-style-type: none"> - - - - -
7. RESULTS-WHAT GOOD/POSITIVES WILL BE ACCOMPLISHED FROM MY GOAL? (FOR YOUR STUDENTS? FOR YOUR STAFF? FOR YOU? FOR YOUR DISTRICT/ COMMUNITY?)	<ul style="list-style-type: none"> - - - - -

PRINCIPAL PROFESSIONAL DEVELOPMENT PLAN

GOAL #2

*NOTE: GOALS are not achieved without carefully **detailed** planning. Be specific and clear.*

1. STRATEGIES/ACTIVITIES-WHAT SHOULD I <u>DO</u> TO ACCOMPLISH MY GOAL?	- - - - -
2. PROGRESS- HOW WILL I <u>MEASURE</u> PROGRESS (FOR <u>EACH</u> STRATEGY)? INDICATE BY WHAT <u>DATE</u> EACH STRATEGY BE COMPLETED.	- - - - -
3. OBSTACLES-WHAT OBSTACLES WILL I OVERCOME TO ACHIEVE MY GOAL?	- - -
4. SUPPORTERS- <u>WHO</u> CAN HELP ME TO ACHIEVE MY GOAL? WHOM DO I NEED TO INVOLVE TO ACHIEVE “BUY-IN”? NOTE: THESE ARE OFTEN YOUR “CHEERLEADERS”.	- - - -
5. REWARDS-WHAT WILL I SAY OR DO WHEN I EXPERIENCE SUCCESS?	- - -
6. RESOURCES-WHAT INTERNAL/EXTERNAL <u>RESOURCES</u> WILL I USE? NOTE: THESE ARE THE <i>SOURCES OF KNOWLEDGE</i> TO ACCOMPLISH YOUR GOAL.	- - - - -
7. RESULTS- WHAT GOOD/POSITIVES WILL BE ACCOMPLISHED FROM MY GOAL? (FOR YOUR STUDENTS? FOR YOUR STAFF? FOR YOU? FOR YOUR DISTRICT/ COMMUNITY?)	- - - - -

Check the appropriate box that best relates your specific GOAL to evaluation results and/or school/district needs:

GOAL #1

- ☐ Student Assessment Results
☐ Principal Summative Evaluation
☐ School Renewal Plan
☐ District Strategic Plan

GOAL #2

- ☐ Student Assessment Results
☐ Principal Summative Evaluation
☐ School Renewal Plan
☐ District Strategic Plan

MONITORING STAGES	PRINCIPAL'S SIGNATURE	EVALUATOR'S SIGNATURE
IMPLEMENTATION (Pre-Conference)	<div>PRINCIPAL'S SIGNATURE</div> <div>Today's date: _____</div>	<div>EVALUATOR'S SIGNATURE</div> <div>Today's date: _____</div>
FEEDBACK (Mid-Year Conference)	<div>PRINCIPAL'S SIGNATURE</div> <div>Today's date: _____</div>	<div>EVALUATOR'S SIGNATURE</div> <div>Today's date: _____</div>
END-OF-THE-YEAR	<div>PRINCIPAL'S SIGNATURE</div> <div>Today's date: _____</div>	<div>EVALUATOR'S SIGNATURE</div> <div>Today's date: _____</div>
<p>COMMENTS: _____</p> <p>_____</p>		